

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<b>Attorney Docket Number</b> <b>Nxt-20064-US</b>	
	<b>First Named Inventor</b> <b>Fedirchuk, David J.</b>	
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Art Unit</b>	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Electrical Bus Protection Method and Apparatus**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or Bar Code Label **23384** OR ☐ Correspondence address below**ROBERT A. PAJAK**

Name

**ROBERT A. PAJAK PATENT SERVICES**Address **14234 NAPLES ST. NORTHEAST**City **HAM LAKE**State **MN**ZIP **55304-6401**Country **USA**Telephone **763-757-3762**Fax **763-767-0330**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])**David J.**Family Name  
or Surname**Fedirchuk**Inventor's  
Signature

Date

Residence: City **Ile des Chenes**State **Manitoba**Country **Canada**Citizenship **Canada**Mailing Address **Box 465, Ile des Chenes**City **Ile des Chenes**State **Manitoba**ZIP **R0A 0T0**Country **Canada**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])**Gang**Family Name  
or Surname**Li**Inventor's  
Signature

Date

Residence: City **Winnipeg**State **Manitoba**Country **Canada**Citizenship **Canada**Mailing Address **#304-3030 Pembina Highway**City **Winnipeg**State **Manitoba**ZIP **R3T 4K4**Country **Canada**☒ Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Zhiyong				Zhang			
Inventor's Signature						Date	
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Post Office Address	600 Bairdmore Boulevard						
Post Office Address							
City	Winnipeg	State	Manitoba	ZIP	R3T 5T7	Country	Canada
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dean S.				Ouellette			
Inventor's Signature						Date	
Residence: City	Winnipeg	State	Manitoba	Country	Canada	Citizenship	Canada
Post Office Address	39 Lakeland Place						
Post Office Address							
City	Winnipeg	State	Manitoba	ZIP	R3T 4A8	Country	Canada
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Fedirchuk, David J.
Title	Electrical Bus Protection Method and Apparatus
Group Art Unit	
Examiner Name	
Attorney Docket Number	Nxt-20064-US

I hereby appoint:

☒ Practitioners at Customer Number

23384



☐ Practitioner(s) named below:

Name	Registration Number
Robert A. Pajak	29,335
Walter K. Roloff	36,907

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

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<input type="checkbox"/> Firm or Individual Name	ROBERT A. PAJAK				
Address	ROBERT A. PAJAK PATENT SERVICES				
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City	HAM LAKE	State	Minnesota	Zip	55304-6401
Country	USA				
Telephone	763-757-3762	Fax	763-767-0330		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	David J Fidirchuk,	Gang Li,	Zhiying Zhang	Dean Ouellette
Signature				
Date				

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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